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Whole-Child Model Program Overview

For CalOptima and Health Network Staff

May 2019

Course Content

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- Whole-Child Model (WCM) Model of Care
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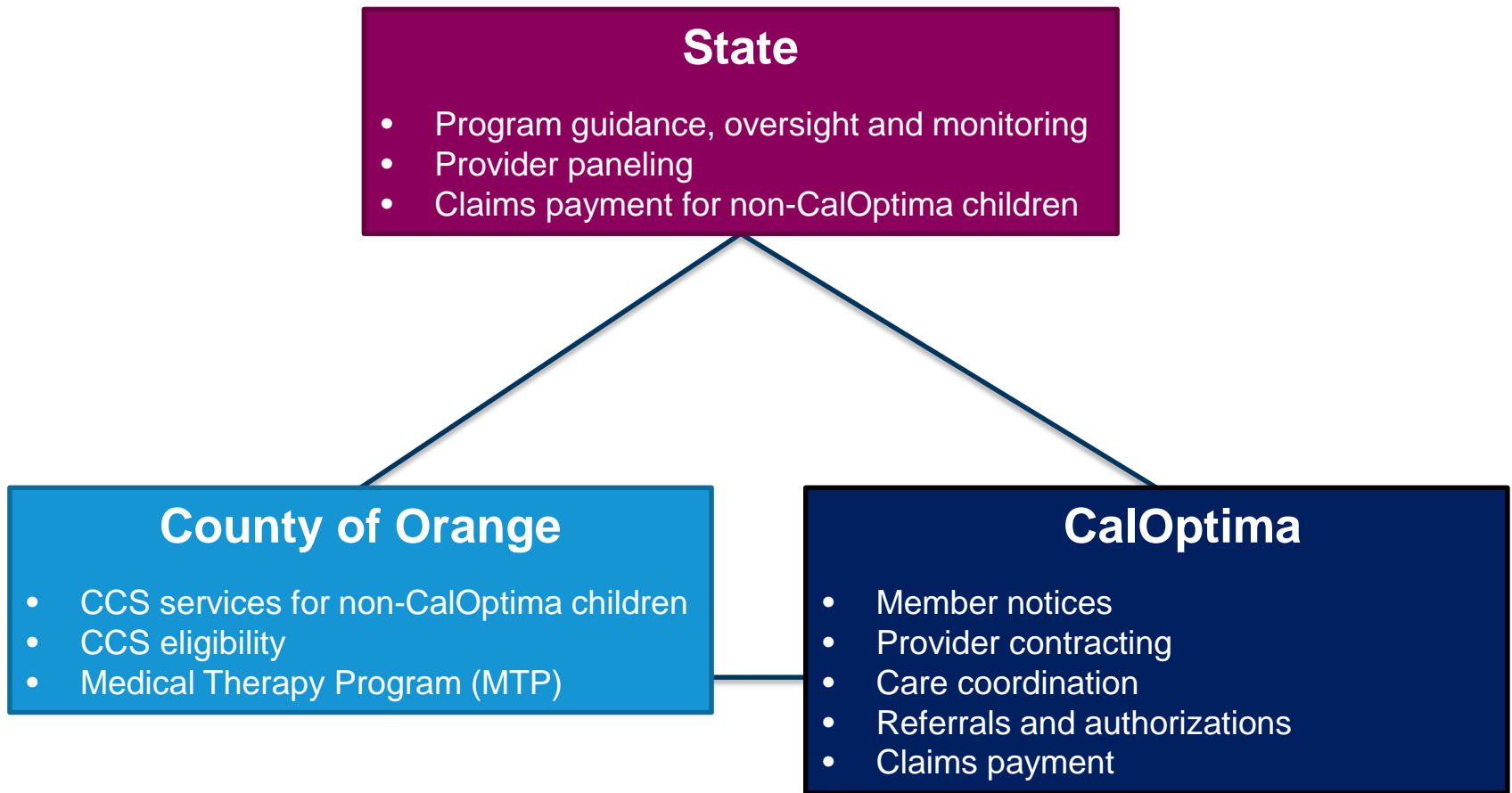# **Introduction to Whole-Child Model**

Whole-Child Model

- CCS is a statewide program providing medical care and case management for children under 21 years old with certain medical conditions.
    - Locally administered by Orange County Health Care Agency (OC HCA) CCS.
- The Department of Health Care Services (DHCS) is implementing WCM to integrate CCS into select Medi-Cal plans.
    - CalOptima will implement WCM effective no sooner than July 1, 2019.

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Whole-Child Model Goals

- Combine CCS and Medi-Cal services under one managed care plan.
- Improve coordination of services to meet the needs of the child and family.
- Maintain existing patient-provider relationships when possible.
- Retain CCS program standards.
- Improve overall health results.
- Improve access to care.

Division of WCM Responsibilities

State

- Program guidance, oversight and monitoring
- Provider paneling
- Claims payment for non-CalOptima children

County of Orange

- CCS services for non-CalOptima children
- CCS eligibility
- Medical Therapy Program (MTP)

CalOptima

- Member notices
- Provider contracting
- Care coordination
- Referrals and authorizations
- Claims payment

WCM Services — Eligibility Referrals and Authorizations

- Before WCM:
  - Referrals to County to determine CCS eligibility.
    - County works with providers to gather medical records to support eligibility determination and Service Authorization Request (SAR).

- Under WCM:
  - Health networks (HN) to send CCS eligibility referrals to CalOptima.
    - CalOptima will act as liaison and will forward CCS medical eligibility determination requests to the County.
    - County will send approval or denial to CalOptima.
    - CalOptima will provide outcome to the HNs.
  - CalOptima and HN will authorize and coordinate services regardless of CCS eligibility determination.
  - This process will also apply for annual CCS redetermination.

Note: Members will continue to work with OC Social Services Agency (SSA) for Medi-Cal eligibility and annual redetermination.

WCM Services — Benefits

- Before WCM, CalOptima members enrolled in CCS.
  - Received services for CCS conditions from the CCS program .
    - County: eligibility, SAR, coordination
    - State: provider paneling, claims payment
  - Received services for non-CCS conditions from CalOptima.
- Under WCM, members will receive services for both CCS and non-CCS conditions through CalOptima and its HNs.
  - Existing delivery model.
  - County will remain responsible for Medical Therapy Program (MTP) and CCS eligibility and redetermination.

WCM Services — Systems

- Children's Medical Services (CMS) Net
  - County uses CMS Net for CCS case management, case notes, eligibility, SARs and MTP
- Provider Electronic Data Interchange (PEDI)
  - PEDI is a subset of CMS Net
- CalOptima staff via Facets
  - CCS eligibility status, CCS provider panel status, claims
- HN staff via CCS supplemental eligibility file
  - CCS eligibility status
- Provider office via CalOptima LINK
  - CCS eligibility status

Maintenance and Transportation (M&T)

- Benefit that will continue under WCM:
  - ➤ Separate from emergency, non-emergency medical transportation (NEMT), and non-medical transportation (NMT) benefits.
  - ➤ Available when costs are a barrier to accessing CCS services and no other resource is available.
  - ➤ Provides transportation and additional supports, such as parking, tolls, lodging and food.
  - ➤ Services may extend to additional family members.
  - ➤ CalOptima will be responsible for all WCM members.
    - ▪ Limitations, criteria and authorizations apply.
  - ➤ Refer to policy GG.1347: Maintenance and Transportation.

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Medical Therapy Program (MTP)

- The MTP provides occupational therapy and physical therapy to children enrolled in CCS.
  - Services are provided at one of 12 medical therapy units (MTUs) in Orange County.
  - A medical therapy conference (MTC) service is also provided.
    - Interdisciplinary Care Team (ICT) meeting to review cases.
- County will continue to be responsible for the MTP under WCM:
  - CalOptima, its providers and its delegated entities will follow established processes for referring members to the County for MTP eligibility.
  - CalOptima, its providers and its delegated entities will coordinate the administration of durable medical equipment (DME) prescribed by the MTUs.

Delivery Model

Delivery Model

- Leverage existing delivery model using HNs.
  - ➤ CCS services and non-CCS services will be under a single delivery system.
- Using existing model creates several advantages.
  - ➤ Maintains relationships between CCS-eligible children, their chosen HN and PCP.
  - ➤ Improves clinical outcomes and health care experience for members and their families.
  - ➤ Decreases inappropriate medical and administrative costs.
  - ➤ Reduces administrative burden for providers.

Health Network

- Most members can keep their assigned HNs.
  - ➤ A child in a HN that is not participating in WCM, will need to move to a participating HN to receive CCS services.
  - ➤ Children with the following conditions will transfer to CalOptima Community Network:
    - End-Stage Renal Disease (ESRD)
    - Hemophilia
    - Approved for transplant
    - Refer to policy DD.2006: Enrollment In/Eligibility with CalOptima Direct

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Primary Care Provider (PCP)

- Members can keep their PCP if their PCP is in a HN participating in WCM.
  - A member may request their CCS specialist to act as their PCP if provider agrees.
    - DD.2006b: CalOptima Community Network Member Primary Care Provider Selection/Assignment and
    - EE.1112: Health Network Eligible Member Assignment to Primary Care Provider

CCS–Paneled Providers

- DHCS requires some, but not all, provider types to meet CCS paneling requirements.
  - ➢ Paneling is a process to determine if the provider meets education, training and/or experience requirements.
  - ➢ DHCS will continue responsibility for paneling providers.
    - ▪ Physicians, surgeons and podiatrists must be CCS-paneled to provide services to members enrolled in CCS.
    - ▪ CalOptima and HNs will validate paneling as part of contracting, credentialing and authorization processes, where required.

Other Providers

- DHCS requires hospitals, including NICUs, to be **approved** to provide CCS services, except in emergencies.

- DHCS requires Special Care Centers (SCC) to be approved to provide CCS services.

  - ➤ SCC provide comprehensive, coordinated health care to children with certain complex, physically handicapping medical conditions.

- Full list of paneled and approved providers listed on the DHCS website.

WCM Model of Care

WCM Model of Care

- CalOptima and its HNs will follow its structured, time-tested approach to deliver coordinated, individualized care.

  ➢ Family and various members of the health care team collaborate on this "road map" to optimal health for each member enrolled in WCM.

- An integrated delivery system that supports:

  ➢ Care management and coordination.

- Personal Care Coordinators (PCC).

  ➢ CalOptima and HNs have a central role.

WCM Model of Care Process: Summary

- Health Needs Assessment (HNA) completed for WCM member by CalOptima's PCC or registered nurse.

- Members are identified for one of the following care management levels:
  - ➤ Basic
  - ➤ Care Coordination
  - ➤ Complex

- A case manager reviews the HNA, gathers additional information as needed and prepares an Individualized Care Plan (ICP).

- An ICP for care coordination or complex case management members is created by an interdisciplinary care team.

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Interdisciplinary Care Team (ICT)

- The ICT is formed based upon the member and family's needs. The care team may include:

Core Team Members	Ad Hoc Team Members
Member, Parent or Guardian	Social Worker
Personal Care Coordinator	Behavioral Health
Medical Case Manager	Special Care Center Staff
PCP	Medical Therapy Unit Therapist
Specialist(s)	Disease Manager/Health Educator
Pharmacist	Discharge Planner
HN Medical Director	

- The ICT is coordinated by the member's HN.

Aging Out — Transitions of Care

- CalOptima is committed to transition planning for WCM members, as needed.
  - ➢ Planning will begin as early as age 14.
  - ➢ Includes identification of ongoing needs and resources, as well as future considerations.
  - ➢ PCPs, specialists, SCCs and MTP are vital in this process.
  - ➢ Information about the age-out process will be provided to members and their families as the transition approaches.

- Transitions may also occur for other reasons.
  - ➢ Undocumented status (age 19).
  - ➢ Loss of Medi-Cal eligibility.
  - ➢ Need to transition to an adult provider prior to aging out of WCM.
  - ➢ CalOptima/HN will coordinate needs for these transitions, as needed.

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Guardianship/Conservatorship

- Individuals appointed by the court to make certain decisions on behalf of others who are unable to do so.
  - Guardians — health care and other non-monetary decisions.
  - Conservators — financial decisions.
- Process
  - At age 17, a member's guardian will receive a notice from CalOptima encouraging them to discuss guardianship/conservatorship options with their child receiving CCS services.
  - A case manager will provide a referral for services to the member and their family when the member turns 17.
  - The member or family will follow CalOptima's procedure to document guardianship/conservatorship, if applicable.
    - Refer to policy HH.3011: Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations

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Inter-County Transfers

- Definition:
  - Transition of care to or from another county.
- Goal:
  - Allow for a seamless transition of care and records.
- Process:
  - OC and the other county's CCS program will be responsible for transitioning members between counties.
  - CalOptima will work with the County by providing or receiving the necessary medical information for the transfer.

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CCS Transition to WCM

WCM Transition Notices and Events

- CalOptima members enrolled in CCS as of February 25, 2019, will receive two written notices and phone calls about the transition.
  - ➢ 90-day and 60-day prior notices sent by CalOptima.
    - ▪ 60-day notice will include a CalOptima member guide with information about the change
  - ➢ CalOptima will conduct a call campaign shortly after members receive the 60-day notice.
- Family-oriented informational events were hosted by CalOptima in October 2018.
- Additional family-oriented events will be held after the transition, as appropriate.

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Health Needs Assessment (HNA)

- Members transitioning from CCS to WCM:
  - ➢ Will be risk stratified
  - ➢ Contacted to complete a HNA by a CalOptima PCC

Continuity of Care (CoC)

- CoC will be provided to transitioning members to ensure care is not disrupted.
- Under WCM, members can request to continue receiving the following services, if certain criteria are met:
    - Member has existing relationship with the provider.
    - Provider accepts CalOptima's or HN's reimbursement rate or the applicable Medi-Cal or CCS fee-for-service rate, whichever is higher, unless otherwise agreed.
    - Provider has not quality and credentialing issues

Continuity of Care (CoC) (cont.)

- CoC applies to:
  - CCS providers for CCS services for up to 12 months
  - Specialized or customized durable medical equipment (DME) provider for up to 12 months.
    - May be extended if still under warranty and medically necessary.
  - Prescribed drugs until no longer medically necessary.
  - County Public Health Nurse (if available).

- For CCS member newly enrolled in CalOptima, standard Medi-Cal CoC applies, as appropriate.

CoC Extension

- Members have the right to request an extension of the 12-month CoC period once it has ended.
- If CalOptima denies this request, the member has the right to appeal through the State Fair Hearing process.

WCM Claims

- CalOptima or the HN will pay claims for transitioning WCM members for up to 6 months after WCM implementation:
  - ➢ Member is CCS-eligible
  - ➢ SAR is active
  - ➢ Authorization does not already exist for approved service

WCM Authorizations

- Providers will need to submit new authorizations for CCS services.

- CalOptima and HNs will establish authorizations, where required.

  - Members with appointments or who anticipate needing supplies or medication soon after the transition will be contacted first.

- Refer to CalOptima and HN for services that require authorizations.

Resources

Member Resources

- Customer Service
  - ➢ **1-714-246-8500**
    1-888-587-8088 (toll-free)

- Resources at www.caloptima.org
  - ➢ Provider Directory including CCS-paneled provider-specific search
  - ➢ List of Family Empowerment Centers and Family Resource Centers
  - ➢ WCM Member FAQ

- Whole-Child Model Family Advisory Committee
  - ➢ Family members are invited to attend
  - ➢ https://www.caloptima.org/en/AboutUs/BoardandAdvisoryCommittees/WCMFAC.aspx

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Other Resources

- California Welfare and Institutions Code 14094.4–.20
- DHCS All Plan Letter 18-023: Whole Child Model Program
- DHCS CCS Guidance
  - http://www.dhcs.ca.gov/services/ccs
    - Publications (Manuals, Numbered/Information/HRIF letters)
    - Directories (CCS providers, Special Care Centers, NICU)
    - Becoming a CCS Provider
- CalOptima WCM webpage
  - https://www.caloptima.org/en/CCS_Info.aspx
  - CalOptima WCM Provider FAQ

Acronyms

- CCS — California Children's Services
- CMS Net — Children's Medical Services Net
- CoC — Continuity of Care
- DHCS — Department of Health Care Services
- DME — Durable Medical Equipment
- HNA — Health Needs Assessment
- HN — Health Network
- HRIF — High Risk Infant Follow-Up
- ICP — Individualized Care Plan
- ICT — Interdisciplinary Care Team
- M&T — Maintenance and Transportation
- MTC — Medical Therapy Conference
- MTP — Medical Therapy Program

- MTU — Medical Therapy Unit
- NEMT — Non-Emergency Medical Transportation
- NICU — Neonatal Intensive Care Unit
- NMT — Non-Medical Transportation
- OC HCA — Orange County Health Care Agency
- PCP — Primary Care Provider
- PEDI — Provider Electronic Data Interchange
- SAR — Service Authorization Request
- SCC — Special Care Centers
- WCM — Whole-Child Model
- WCM FAC — Whole-Child Model Family Advisory Committee

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CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information

1. Date of request	2. Provider name	3. Provider number

4. Address (number, street)   City   State   ZIP code

5. Contact person	6. Contact telephone number ( )	7. Contact fax number ( )

Client Information

8. Client name—last   first   middle

9. Alias (AKA)	10. Gender ☐ Male ☐ Female	11. Date of birth (mm/dd/yy)
12. CCS/GHPP case number	13. Medical record number (hospital or office)	14. Home phone number ( )
15. Cell phone number ( )	16. Work phone number ( )	17. Email address

18. Residence address (number, street) *(DO NOT USE P.O. BOX)*   City   State   ZIP code

19. Mailing address (if different) (number, street, P.O. box number)   City   State   ZIP code

20. County of residence	21. Language spoken	22. Name of parent/legal guardian
23. Mother's first name	24. Primary care physician (if known)	25. Primary care physician telephone number ( )

Insurance Information

26.a. Enrolled in Medi-Cal? ☐ Yes ☐ No	26.b. If yes, client index number (CIN)	26.c. Client's Medi-Cal number

27. Enrolled in commercial insurance plan ☐ Yes ☐ No	If yes, type of commercial insurance plan ☐ PPO ☐ HMO ☐ Other	Name of plan

Diagnosis

28.

Diagnosis (DX)/ICD-10:_____   DX/ICD-10:_____   DX/ICD-10:_____

Requested Services

29.* CPT-4/ HCPCS Code/NDC	30. Specific Description of Service/Procedure	31. From (mm/dd/yy)	To (mm/dd/yy)	32. Frequency/ Duration	33. Units	34. Quantity (Pharmacy Only)

* A specific procedure code/NDC is required in column 27 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.

35. Other documentation attached ☐ Yes	36. Enter facility name (where requested services will be performed, if other than office).

Inpatient Hospital Services

37. Begin date	38. End date	39. Number of days

Additional Services Requested from Other Health Care Provider

40. **Provider's name**	Provider number	Telephone number ( )	Contact person

Address (number, street)   City   State   ZIP code

Description of services	Procedure code	Units	Quantity

Additional information

Privacy Statement (Civil Code Section 1798 et seq.)

The information requested on this form is required by the Department of Health Care Services for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the mandatory information may result in your request being delayed or not be processed.

41. Signature of physician/provider or authorized designee	42. Date

ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information

1. Date of request	2. Provider name	3. Provider number

4. Address (number, street)	City	State	ZIP code

5. Contact person	6. Contact telephone number ( )	7. Contact fax number ( )

Client Information

8. Client name—last	First	Middle

9. Gender ☐ Male ☐ Female	10. Date of birth (mm/dd/yyyy)	11. CCS/GHPP case number

12. Client index number (CIN)	13. Client's Medi-Cal number

Diagnosis

14.

Diagnosis (DX)/ICD-10:_____   DX/ICD-10:_____   DX/ICD-10:_____

15. Service Authorization Request for *(Check one)*
   ☐ a. CCS/GHPP New SAR
   ☐ b. Authorization extension (If checked, enter authorization number:_____)

Requested Services

16.* CPT-4/ HCPCS Code/NDC	17. Specific Description of Service/Procedure	18. From (mm/dd/yy)	To (mm/dd/yy)	19. Frequency/ Duration	20. Units	21. Quantity (Pharmacy Only)

* A specific procedure code/NDC is required in column 16 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.

22. Other documentation attached ☐ Yes	23. Enter facility name (where requested services will be performed, if other than office.)

Inpatient Hospital Services

24. Begin date	25. End date	26. Number of days	27. Extension begin date	28. Extension end date	29. Number of extension days

Additional Services Requested from Other Health Care Providers

30. Provider's name	Provider number	Telephone number ( )	Contact person
Address (number, street)	City	State	ZIP code
Description of services		Procedure code	Units	Quantity
Additional information				

31. Provider's name	Provider number	Telephone number ( )	Contact person
Address (number, street)	City	State	ZIP code
Description of services		Procedure code	Units	Quantity
Additional information				

Privacy Statement (Civil Code Section 1798 et seq.)

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32. Signature of physician/provider or authorized designee	33. Date

Whole Child Model (WCM) – CalOptima CCS Eligible Members ONLY
Go-live date is July 1, 2019

California Children's Services (CCS) is one of California's oldest publicly funded programs: provides health care services for conditions that are chronically disabling or could be if not appropriately treated (complex fractures, certain infectious diseases [osteomyelitis, severe sepsis, etc.]) for persons up to age 21 years.

What is Whole Child Model?

New legislation (SB 586) has moved the authorization and payment of CCS medical care and services from the State/County CCS Program to some Managed Care Plans (MCP). CalOptima is the only MCP in southern California[1] with WCM. As a delegated MCP model CalOptima is passing down the authorization and payment of CCS medical care for their CCS-eligible members to the Health Networks (HNs).

How do I refer my patient with a potentially eligible CCS condition to the CCS Program?

Complete the County CCS Program SAR form ([Service Authorization Request] New or Established) and fax to CalOptima at **714-954-2298** with all supporting medical documentation.

- CalOptima logs the referral and faxes it to the County CCS Program (ONLY the County CCS can make the CCS eligibility determination).
- County CCS Program approves or denies CCS eligibility and notifies referring provider, the patient (CalOptima member), and CalOptima. (CalOptima notifies Prospect.)

How do I obtain authorizations for CCS services for my CCS-eligible patient?

Complete the County CCS Program SAR form ([Service Authorization Request] New or Established) – authorization portion only and fax to Prospect's dedicated **WCM FAX 714-560-7397**

How do I obtain case management help with my CCS-eligible patient?

Phone Prospect's dedicated WCM case management team at **714-551-9712**. Two pediatric trained RNs and a personal care coordinator are here to help your CCS patients and families.

How do I obtain PT/OT for my patient with eligible physical disabilities[2]?

The CCS County Program will retain the Medical Therapy Program (PT/OT services provided at Medical Therapy Units (MTUs) co-located at 12 schools throughout the county). Complete the SAR requesting MTU services and mail with medical notes describing patient's condition to: CCS, 200 W. Santa Ana Blvd, Suite 100, Santa Ana, CA 92701

How do I become a CCS Provider?

The State CCS Program "panels" providers, and approves pediatric acute hospitals and Special Care Centers for the provision of treatment to CCS members with a CCS-eligible condition(s). Information and application may be found at: https://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx

What is the goal of the WCM?

WCM aims to improve clinical outcomes and improve the patient care experience for the child/adolescent with the CCS-eligible condition. Create a comprehensive, coordinated delivery system for the CCS member and family. Establish a "whole child" medical home – addressing both non-CCS and CCS conditions for member under "same roof".

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[1] LA County is CCS "as usual" – continue to identify potential CCS eligible conditions and refer to the County CCS Program).
[2] Physical disabilities such as cerebral palsy, spina bifida, muscular dystrophy, traumatic brain injuries, juvenile rheumatoid arthritis, brachial plexus palsy, spinal cord injury, and other neuromuscular and orthopedic conditions.

The purpose of the Whole-Child Model (WCM) in selected counties is to incorporate CCS covered services into Medi-Cal managed care for CCS-eligible members. Currently, children who have CCS-eligible diagnoses are enrolled in and get care from both the county CCS Program fee-for-service (FFS) and a Medi-Cal managed care health plan. The goal of the WCM Program is for California Children's Services (CCS) children and their families to get better care coordination and access to care; and attain better health outcomes!

REQUIRED TRAINING:
Please visit www.prospectmedical.com , under the For Providers tab and select the Training Modules link, select CalOptima Provider Training link to review the Whole Child Model Implementation training. All Prospect contracted providers are required to complete training in preparation for the WCM.

The implementation of the WCM Program in Orange County is now scheduled as Phase 3. Originally, it was planned for January 1, 2019 roll-out, and now it is taking place on July 1, 2019. Please note that until WCM implementation, CCS-eligible members enrolled in CalOptima will continue to receive services for their CCS conditions through the county CCS program.

What are the changes under WCM Initiative?

Accountabilities	Current	Under WCM Program
State CCS Program	• Panels CCS providers • Approves Special Care Centers • Approves pediatric acute hospitals • Pays CCS claims	• Panels CCS providers • Approves Special Care Centers • Approves pediatric acute hospitals
County CCS	• Determines CCS eligibility • Run Medical Therapy Units (MTUs) • Provide case management • Authorize CCS medical services	• Determines CCS eligibility • Run Medical Therapy Units (MTUs)
CalOptima		• Sends CCS eligibility requests to County CCS program • Oversight of Health Networks • Reports on initiative to the DHCS
Prospect/AMVI	• Refer potentially eligible patients to County CCS program	• Authorize CCS medical services • Provide case management • Manage inpatient hospital stays
Contracted PCPs/specialists	• Refer potentially CCS eligible patients to County CCS program	• Refer potentially CCS eligible patients to CalOptima • Complete and fax the CCS Service Authorization Request form (SAR) to Prospect (714) 560-7397[1]

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[1] If you have any questions please call Prospect's dedicated WCM team at 714-551-9712

WCM NEW PROCESSES:

How do I get CCS eligibility for my patient?

- Providers and Prospect Medical are to send CCS referrals for **CCS eligibility only** to CalOptima using the CCS Service Authorization Request (SAR) form
- CalOptima will send SARs to County CCS program for tracking purposes
- County CCS program will notify CalOptima, the requesting provider, and the member of CCS determination; CalOptima will notify Prospect Medical
- Members will continue to work with the Orange County Social Services Agency for Medi-Cal eligibility and annual redetermination.

How do I obtain authorization for CCS services?

- For CCS service authorization **only**, providers are to fax the CCS Service Authorization Request (SAR) form to Prospect's Dedicated CCS (WCM only) Fax number: **714-560-7397**

MEMBER RESOURCES

CalOptima Customer Service (714) 246-8500 or toll free (888) 587-8088

Provider Directory including CCS paneled providers at www.caloptima.org

Whole Child Model Family Advisory Committee – family members are invited to attend. Visit the web link below for a schedule
https://www.caloptima.org/en/AboutUs/BoardandAdvisoryCommittees/WCMFAC.aspx

Note: The CCS Program remains unchanged in the counties of LA, San Diego, Riverside and San Bernardino. WCM has been implemented in 20 central and northern California counties beginning July 1, 2018. For the remaining counties the CCS Program continues to operate as it does today.